

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2014
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NAME OF PROVIDER OR SUPPLIER

CHRISTIAN CARE CENTER OF JOHNSON CITY, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

140 TECHNOLOGY LANE
JOHNSON CITY, TN 37604

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6</p> <p>This STANDARD is not met as evidenced by: NFPA 10, 4-4.3* Six-Year Maintenance. Every 6 years, stored-pressure fire extinguishers that require a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. The removal of agent from halon agent fire extinguishers shall only be done using a listed halon closed recovery system. When the applicable maintenance procedures are performed during periodic recharging or hydrostatic testing, the 6-year requirement shall begin from that date.</p> <p>Based on observation and interview, it was determined fire extinguishers failed to have had their 6-year maintenance performed (NFPA 10, 4-4.3).</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director, on March 3, 2014 between 11:00 a.m. and 2:50 p.m. confirmed the new fire extinguishers throughout the facility, from 2007 when the facility was built, failed to have the 6-year maintenance performed.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 3, 2014.</p>	K 064	<p>K 064</p> <p>Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Areas</u></p> <p>The Maintenance Director contacted Premiere Fire on 3/5/14 and informed them of fire extinguisher compliance, and instructed them to replace fire extinguishers. Facility fire extinguishers were replaced on 3/7/14.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>The Maintenance Director inspected the facility on 3/4/14 and found no other areas to be affected.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director was in-serviced immediately by the Administrator on 3/4/14 regarding 9.7.4.1, NFPA 10, 18.3.5.6 six year maintenance on stored pressure fire extinguishers. The Maintenance Director will inspect all fire extinguishers monthly for compliance with 9.7.4.1, NFPA 10, 18.3.5.6.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604		
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